



Paid Sick Leave Policy for Candidates Who Work in California (Effective July 1, 2015)

Robert Half is pleased to provide paid sick leave to our temporary candidates who work in California.

Accrual, Use and Carry Over of Paid Sick Leave

Robert Half candidates will begin to accrue paid sick leave on the first day they are placed on assignment in California by Robert Half on or after July 1, 2015.¹ Candidates will accrue one (1) hour of paid sick leave for every thirty (30) hours worked in California. A candidate may accrue up to seventy-two (72) hours of paid sick leave annually and may carry over no more than seventy-two (72) hours of accrued, but unused, paid sick leave into the next calendar year. Once a candidate has reached the 72-hour cap, he/she will no longer accrue paid sick leave until he/she uses paid sick leave and the accrued balance falls below the 72-hour cap. Accrued sick leave can only be taken while working or scheduled to work in California. Candidates may use accrued paid sick leave and Robert Half will not retaliate against any candidate because he/she elects to do so.

Candidates placed on their first assignment on or after July 1, 2015 may begin using their accrued sick leave on the 90th calendar day following their first assignment start date (subject to the additional rules below in the "Break in Service" section).

Candidates placed on assignment before July 1, 2015 may begin using accrued sick leave as it accrues.

Break in Service

One Year or Less: If a candidate is placed on assignment in California within one (1) year from the date of his or her last assignment any sick leave previously accrued (but unused) will be reinstated.

More than One Year: If a candidate is placed on assignment in California more than one (1) year after the date of his or her last assignment, any sick leave previously accrued will not be reinstated, but (a) if the candidate has been on assignment within the previous 4 years, the candidate will be immediately eligible to accrue sick leave and use it as it accrues; or (b) if the candidate has not been on assignment within the previous 4 years, the candidate will immediately begin to accrue sick leave, but will not become eligible to use sick leave until the 90th calendar day following his/her assignment start date.

Approved Uses for Paid Sick Leave

Robert Half candidates are able to use their accrued paid sick leave for the diagnosis, preventive care, or treatment of an existing health condition for themselves or a family member or any other person (without the need to designate such person in advance), or for specified purposes if the candidate is a victim of domestic violence, sexual assault or stalking, or for other purposes authorized by applicable California law or city ordinances.

¹ Robert Half will carry over the paid sick leave balances, if any, that candidates have accrued as of July 1, 2015, as a result of having worked in San Francisco, and/or Oakland.

Notice Regarding Use of Paid Sick Leave

Due to the nature of Robert Half's business, a candidate must provide, if practicable, reasonable advance notice of his or her plans to use accrued paid sick leave in order for Robert Half to make the necessary arrangements related to the candidate's work. If clients need coverage during the absence of a candidate, Robert Half will arrange with the client how to accommodate coverage during a candidate's absence. A candidate should not search for or find a replacement to cover for him or her while the candidate is on paid sick leave. If the leave is not foreseeable, candidates must provide notice of the leave to Robert Half as soon as practical.

When requesting paid sick leave, candidates should not disclose any private medical information or any other confidential personal information to their manager or any other employee or candidate.

Payment of Sick Leave

Candidates will be paid for sick leave not later than the payday for the next regular payroll period after the sick leave was taken. No payment of any accrued but unused sick leave will be made at the time an assignment ends or upon termination or resignation.

Additional Information

Additional information on California Paid Sick Leave can be found on the California Department of Labor's website at <http://www.dir.ca.gov/dlse/ab1522.htm> For any additional details regarding this policy, please contact Customer Service at **888-744-9202** or **Pay.TimeReporting@rhi.com**.

Robert Half is an Equal Opportunity Employer M/F/Disability/Vet.



CALIFORNIA SICK LEAVE PAYMENT REQUEST FORM

Please FAX Completed Payment Request to 1-800-304-3198

or email scanned copy to Temp.Payroll@roberthalf.com

CLIENT INFORMATION		<h1>SICK LEAVE</h1>	WEEK ENDING DATE
CLIENT NAME			
REPORTS TO			
ADDRESS			
CITY	STATE		ZIP

Do not use for reporting hours worked.
 This form is to be used **ONLY** for reporting sick leave, and must be used **in addition to** your regular timesheet. Sick leave should be requested on this form (recorded to the nearest minute) and should coincide with time you reported that you did not work on your timesheet. For example, if you left work on Tuesday, July 7th at 2:25pm (instead of your normal end time of 5:00pm) for a reason you can be paid sick leave, you can request to be paid 2hrs and 35mins of sick leave pay. You will be paid only for sick leave that you have accrued and are eligible to use. If you have no accrued sick leave you will not be paid sick leave pay.
Sick leave should be entered in decimal format (2 hours and 35 minutes should be entered as 2.58 (35 min / 60 min = .58 hours))
Important Reminder: To avoid processing issues, make sure that your request for sick leave pay matches with time you reported as not worked on your timesheet.

EMPLOYEE NAME		SUN	MON	TUE	WED	THU	FRI	SAT	TOTALS
Employee ID (10 Digit #, not SSN. Available on your paycheck stub)									-
TOTAL SICK HOURS REPORTED		-	-	-	-	-	-	-	-

Fax completed Sick Leave Payment Request Form to 1-800-304-3198. For questions, call Customer Service at 1-888-744-9202 or contact us at Pay.TimeReporting@roberthalf.com

Employee Signature

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Date

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Robert Half is an Equal Opportunity Employer M/F/Disability/Vet.

WHAT IS WORKERS' COMPENSATION?

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work.

Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work.

Examples: hurting your wrist from using vibrating tools, losing your hearing because of constant loud noise.

—or—

Workplace crime.

Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination Is Illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

Medical care: Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.

Temporary disability benefits: Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.

Permanent disability benefits: Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:

- Your doctor's medical reports
- Your age
- Your occupation

Supplemental job displacement benefits: This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:

- You have a permanent disability.
- Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.

Death benefits: Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.

OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site **www.edd.ca.gov**.

If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relation's special earnings loss supplement program also known as the return to work program. If you have questions or think you qualify, contact the Information & Assistance Unit by going to **www.dwc.ca.gov** and looking under "Workers' Compensation programs and units" for the "Information & Assistance Unit" link or visit the DIR web site at **www.dir.ca.gov**.

Workers' compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job.

If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

Gallagher Bassett Services Inc.
P.O. Box 4040
Sacramento, CA 95812

1.866.481.0962

You may be able to find the name of your employer's workers' compensation insurer at **www.caworkcompcoverage.com**.

If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at **www.dir.ca.gov/DLSE** as all employees must be covered by law.

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for follow up treatment.

Emergency telephone number:

Call **911** for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

Medical Provider Network website:

www.talispoint.com/cvty/gbcvtympn

1.800.243.2336

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a **DWC 1 claim form** within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within one working day of receiving the DWC 1 claim form.

If the injury is from repeated exposures, you have one year from when you realized your injury was job related to file a claim.

In either case, you may receive up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. The claims administrator has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable.

Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing before you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have an MPN.

What is a Medical Provider Network (MPN)?

An MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using an MPN.

If you have not named a doctor before you get hurt and your employer is using an MPN, you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing before you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the "predesignation of personal physician" form included with this pamphlet. After you fill in the form, be sure to give it to your employer.

WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn't work, get help by trying the following:

Contact the Division of Workers' Compensation (DWC) Information and Assistance (I&A) Unit

All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to **www.dwc.ca.gov** and under "Workers' Compensation programs and units", click on "Information & Assistance Unit." At this site you will find fact sheets, guides and information to help you.

Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at **1.415.538.2120** or go to their website at **www.californiaspecialist.org**. You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

Additional rights

You may also have other rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at **1.800.884.1684** or the Equal Employment Opportunity Commission (EEOC) at **1.800.669.4000**.

The information contained in this pamphlet conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation administrative director.

Revised 6/17/14 and effective for dates of injuries on or after 1/1/13

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- On the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- The doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries;
- Prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- Prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.
- You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____
(Name of Employer)

If I have a work-related injury or illness, I choose to be treated by:

(Name of Doctor) (M.D., D.O., or medical group)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print)

Employee's Address

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses

Employee's Signature

Date

Physician: I agree to this Predesignation:

Signature

Date

(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Submit this Notice of Predesignation of Personal Physician to **ca-mpn@roberthalf.com** or fax to **1.925.394.5154**.



NOTICE TO EMPLOYEES

Your employer must send a copy of your *Employee's Withholding Allowance Certificate* (Form W-4 [federal] or DE 4 [state]) to the Franchise Tax Board (FTB) if the form meets either of the following two conditions:

- You claim more than 10 withholding allowances.
- You claim to be exempt from state or federal income tax withholding and your employer expects your usual weekly wages to exceed \$200.

Your employer will continue to treat the Form W-4 and/or DE 4 as valid until notified, in writing, by the FTB of the proper marital status and number of allowances to use for California Personal Income Tax (PIT) withholding purposes.

If you disagree with the FTB determination, you may request a review of the determination by writing to:

W-4 Unit
Franchise Tax Board MS F180
P.O. Box 2952
Sacramento, CA 95812-2952
Fax: 916-843-1094

You, as the employee, will have to provide proof that the FTB determination is incorrect for California PIT withholding purposes. Your employer must continue to withhold as instructed in the original determination until notified by the FTB, in writing, of any changes.

If the FTB finds that the number of withholding allowances you claimed is unreasonable, you may be subject to a \$500 penalty as provided by Section 13101 of the California Unemployment Insurance Code.

- Versión en español en la página 2 -



AVISO A EMPLEADOS

Su empleador debe de enviar una copia del certificado del empleado que autoriza la retención de impuestos conocido comúnmente en inglés como, *Employee's Withholding Allowance Certificate* (Formularios W-4 [federal] ó DE 4 [estatal]) al Franchise Tax Board (la oficina de recaudación de impuestos estatales), si el formulario cumple con cualquiera de las dos condiciones siguientes:

- Usted reclama más de 10 exenciones de retención en los cuales se basa la retención de impuestos.
- Usted sostiene estar exento de retención de impuestos federales y estatales y su empleador espera que usted gane su salario normal semanal de más de \$200.

Su empleador continuará considerando el Formulario W-4 y/o el formulario DE 4 como válido hasta que sea notificado por el Franchise Tax Board, por escrito, del estado civil apropiado y el número de exenciones que se pueden usar para el propósito de retención del Impuesto de Ingreso Personal (PIT, por sus siglas en inglés) en California.

Si usted no está de acuerdo con la determinación del Franchise Tax Board, usted puede pedir que se revise la determinación escribiendo al:

W-4 Unit
Franchise Tax Board MS F180
P.O. Box 2952
Sacramento, CA 95812-2952
Fax: 916-843-1094

Usted, como empleado, tendrá que proporcionar las pruebas de que la determinación del Franchise Tax Board es incorrecta para el propósito de retención del Impuesto de Ingreso Personal en California. Su empleador continuará la retención como fue indicado en la determinación original hasta que sea notificado por el Franchise Tax Board, por escrito, de cualquier cambio.

Si el Franchise Tax Board decide que el número de exenciones que usted reclama es irrazonable, se le podrá imponer una multa de \$500 conforme la Sección 13101 del Código del Seguro de Desempleo de California.

- English version on page 1 -



About California Paid Family Leave

There may be times in the life of a working person when there is a need to care for a loved one. Whether you are a working parent bonding with a new child or you are caring for a seriously ill family member, California's Paid Family Leave was created for these times.

Fast Facts About California Paid Family Leave

- Provides up to six weeks of partially paid leave to bond with a new child (either by birth, adoption, or foster care placement) or to care for a seriously ill family member (child, spouse, parent, parent-in-law, grandparent, grandchild, sibling, or registered domestic partner).
- Provides approximately 55 percent of your salary during your leave. (The wage replacement rate will increase in January 2018.)
- Funded through your State Disability Insurance tax withholding so you are most likely eligible for leave if you've paid into State Disability Insurance ("CASDI" on paystubs) or a qualifying voluntary plan.
- Must be used within 12 months of a child entering your family.
- Does not provide job protection. You may have your job protected under other laws, such as the federal Family and Medical Leave Act (FMLA) or the California Family Rights Act (CFRA).

CALIFORNIA PAID FAMILY LEAVE

moments matter.

In California, it's the law.

Paid Family Leave benefits:
Giving Californians the time they need
to be there for the moments that matter.

English	1-877-238-4373
Spanish	1-877-379-3819
Cantonese	1-866-692-5595
Vietnamese	1-866-692-5596
Armenian	1-866-627-1567
Punjabi	1-866-627-1568
Tagalog	1-866-627-1569

TTY: 1-800-445-1312
(This number does not accept voice calls.)

PFL Claim Forms should be mailed to:
PO Box 989315
West Sacramento, CA 95798-9315



For more information, visit
CaliforniaPaidFamilyLeave.com

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice). TTY users, please call the California Relay Service at 711.



CALIFORNIA PAID FAMILY LEAVE

**Helping
Californians
be present for
the moments
that matter.**



Do I Qualify For California Paid Family Leave?

To qualify for Paid Family Leave benefits, **you must meet** the following requirements:

- Be covered by State Disability Insurance (or a voluntary plan in lieu of State Disability Insurance) and have earned at least \$300 in your base period from which deductions were withheld. The length of time worked at your current job does not affect eligibility.
- Submit your claim *no sooner* than 9 days, but *no later* than 49 days after your family leave begins.
- If required by your employer, use up to two weeks of any earned but unused vacation leave or paid time off prior to receiving benefits.
- Serve a 7-day, unpaid waiting period before benefits begin for each claim within the 12-month period. (The waiting period is being eliminated in January 2018.)
- For caregiving claims only: Supply medical certification showing that the care recipient has a serious health condition and requires your care.
- For bonding claims only: Provide documents to support a claim for bonding with a new biological, adopted, or foster child.

You may not be eligible for benefits if:

- You are receiving Disability Insurance, Unemployment Insurance, or workers' compensation benefits.
- You are not working or looking for work at the time you begin your family care leave.
- You are not losing wages.
- You are in custody due to conviction of a crime.

You are entitled to:

- Know the reason and basis for decisions affecting your benefits.
- Appeal decisions about your eligibility for benefits. Visit edd.ca.gov/Disability/Appeals.htm for information about appeals.
- Confidentiality and privacy of your claim information, except for the purposes allowed by law.



How Are Benefit Amounts Calculated?

California Paid Family Leave provides approximately 55 percent of your salary (from \$50 up to \$1,173 weekly). Your employer may allow you to use vacation, sick, paid time off, or other leave to supplement your PFL benefits to receive up to 100 percent pay. In January 2018, the wage replacement rate increases to approximately 60 to 70 percent of your salary.

The benefit amount is calculated from your highest quarterly earnings over the past 5 to 18 months. The Employment Development Department has an online calculator at edd.ca.gov/PFL_Calculator that can help you estimate your weekly benefit amount.

Job Protection

California Paid Family Leave does not provide job protection or return to work rights. However, job protection may be provided if your employer has to follow the federal FMLA or the CFRA. Also, notify your employer of the reason for taking leave according to your company's leave policy.

Apply For Benefits

Apply for Paid Family Leave benefits online using SDI Online. Employers and physicians/practitioners can also submit claim information through SDI Online. Visit edd.ca.gov/Disability for more information. You may also file using a paper form. Visit edd.ca.gov/Forms to request a paper *Claim for Paid Family Leave (PFL) Benefits*, DE 2501F form.

For bonding claims, be sure to provide a proof of relationship document with your claim. For caregiving claims, be sure to provide a physician/practitioner's certification.

If you are currently receiving Disability Insurance pregnancy-related benefits, it is not necessary to request a Paid Family Leave claim form. Claim filing information will be sent through your SDI Online account or via mail when your pregnancy-related disability claim ends.

If you are covered by a voluntary plan, contact your employer to obtain information about your coverage and instructions on how to apply for benefits.



SEXUAL HARASSMENT INCLUDES MANY FORMS OF OFFENSIVE BEHAVIORS

BEHAVIORS THAT MAY BE SEXUAL HARASSMENT:

THE MISSION OF THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING IS TO PROTECT THE PEOPLE OF CALIFORNIA FROM UNLAWFUL DISCRIMINATION IN EMPLOYMENT, HOUSING AND PUBLIC ACCOMMODATIONS, AND FROM THE PERPETRATION OF ACTS OF HATE VIOLENCE AND HUMAN TRAFFICKING.

SEXUAL HARASSMENT



- 1 *Unwanted sexual advances*
- 2 *Offering employment benefits in exchange for sexual favors*
- 3 *Leering; gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters*
- 4 *Derogatory comments, epithets, slurs, or jokes*
- 5 *Graphic comments, sexually degrading words, or suggestive or obscene messages or invitations*
- 6 *Physical touching or assault, as well as impeding or blocking movements*

Actual or threatened retaliation for rejecting advances or complaining about harassment is also unlawful.

Employees or job applicants who believe that they have been sexually harassed or retaliated against may file a complaint of discrimination with DFEH within one year of the last act of harassment or retaliation. DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a civil complaint in state or federal court to address the causes of the discrimination and on behalf of the complaining party. DFEH may seek court orders changing the employer's policies and practices, punitive damages, and attorney's fees and costs if it prevails in litigation. Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

FOR MORE INFORMATION

Department of Fair Employment and Housing
Toll Free: (800) 884-1684
TTY: (800) 700-2320
Online: www.dfeh.ca.gov

Also find us on:



If you have a disability that prevents you from submitting a written pre-complaint form on-line, by mail, or email, the DFEH can assist you by scribing your pre-complaint by phone or, for individuals who are Deaf or Hard of Hearing or have speech disabilities, through the California Relay Service (711), or call us through your VRS at (800) 884-1684 (voice).

To schedule an appointment, contact the Communication Center at (800) 884-1684 (voice or via relay operator 711) or (800) 700-2320 (TTY) or by email at contact.center@dfeh.ca.gov.

The DFEH is committed to providing access to our materials in an alternative format as a reasonable accommodation for people with disabilities when requested.

Contact the DFEH at (800) 884-1684 (voice or via relay operator 711), TTY (800) 700-2320, or contact.center@dfeh.ca.gov to discuss your preferred format to access our materials or webpages.

THE FACTS

Sexual harassment is a form of discrimination based on sex/gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, or sexual orientation. Individuals of any gender can be the target of sexual harassment. Unlawful sexual harassment does not have to be motivated by sexual desire. Sexual harassment may involve harassment of a person of the same gender as the harasser, regardless of either person's sexual orientation or gender identity.

THERE ARE TWO TYPES OF SEXUAL HARASSMENT

- ① *"Quid pro quo"* (Latin for "this for that") sexual harassment is when someone conditions a job, promotion, or other work benefit on your submission to sexual advances or other conduct based on sex.
- ② *"Hostile work environment"* sexual harassment occurs when unwelcome comments or conduct based on sex unreasonably interfere with your work performance or create an intimidating, hostile, or offensive work environment. You may experience sexual harassment even if the offensive conduct was not aimed directly at you.

The harassment must be severe or pervasive to be unlawful. That means that it alters the conditions of your employment and creates an abusive work environment. A single act of harassment may be sufficiently severe to be unlawful.

CIVIL REMEDIES:



ALL EMPLOYERS MUST TAKE THE FOLLOWING ACTIONS TO PREVENT HARASSMENT AND CORRECT IT WHEN IT OCCURS:

- 1 *Damages for emotional distress from each employer or person in violation of the law*
- 2 *Hiring or reinstatement*
- 3 *Back pay or promotion*
- 4 *Changes in the policies or practices of the employer*

EMPLOYER RESPONSIBILITY & LIABILITY

All employers, regardless of the number of employees, are covered by the harassment provisions of California law. Employers are liable for harassment by their supervisors or agents. All harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassment or for aiding and abetting harassment. The law requires employers to take reasonable steps to prevent harassment. If an employer fails to take such steps, that employer can be held liable for the harassment. In addition, an employer may be liable for the harassment by a non-employee (for example, a client or customer) of an employee, applicant, or person providing services for the employer. An employer will only be liable for this form of harassment if it knew or should have known of the harassment, and failed to take immediate and appropriate corrective action.

Employers have an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory and harassing conduct, and to create a workplace free of harassment.

A program to eliminate sexual harassment from the workplace is not only required by law, but it is the most practical way for an employer to avoid or limit liability if harassment occurs.

- ① Distribute copies of this brochure or an alternative writing that complies with Government Code 12950. This pamphlet may be duplicated in any quantity.
- ② Post a copy of the Department's employment poster entitled "California Law Prohibits Workplace Discrimination and Harassment."
- ③ Develop a harassment, discrimination, and retaliation prevention policy in accordance with 2 CCR 11023. The policy must:
 - Be in writing.
 - List all protected groups under the FEHA.
 - Indicate that the law prohibits coworkers and third parties, as well as supervisors and managers with whom the employee comes into contact, from engaging in prohibited harassment.
 - Create a complaint process that ensures confidentiality to the extent possible; a timely response; an impartial and timely investigation by qualified personnel; documentation and tracking for reasonable progress; appropriate options for remedial actions and resolutions; and timely closures.
 - Provide a complaint mechanism that does not require an employee to complain directly to their immediate supervisor. That complaint mechanism must include, but is not limited to including: provisions for direct communication, either orally or in writing, with a designated company representative; and/or a complaint hotline; and/or access to an ombudsperson; and/or identification of DFEH and the United States Equal Employment Opportunity Commission as additional avenues for employees to lodge complaints.
 - Instruct supervisors to report any complaints of misconduct to a designated company representative, such as a human resources

manager, so that the company can try to resolve the claim internally. Employers with 50 or more employees are required to include this as a topic in mandated sexual harassment prevention training (see 2 CCR 11024).

- Indicate that when the employer receives allegations of misconduct, it will conduct a fair, timely, and thorough investigation that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected.
 - Make clear that employees shall not be retaliated against as a result of making a complaint or participating in an investigation.
- ④ Distribute its harassment, discrimination, and retaliation prevention policy by doing one or more of the following:
 - Printing the policy and providing a copy to employees with an acknowledgement form for employees to sign and return.
 - Sending the policy via email with an acknowledgment return form.
 - Posting the current version of the policy on a company intranet with a tracking system to ensure all employees have read and acknowledged receipt of the policy.
 - Discussing policies upon hire and/or during a new hire orientation session.
 - Using any other method that ensures employees received and understand the policy.
 - ⑤ If the employer's workforce at any facility or establishment contains ten percent or more of persons who speak a language other than English as their spoken language, that employer shall translate the harassment, discrimination, and retaliation policy into every language spoken by at least ten percent of the workforce.
 - ⑥ In addition, employers who do business in California and employ 50 or more part-time or full-time employees must provide at least two hours of sexual harassment training every two years to each supervisory employee and to all new supervisory employees within six months of their assumption of a supervisory position.

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DI Office Locations and Mailing Addresses

- Chico 645 Salem Street
(PO Box 8190, Chico, CA 95927-8190)
- Chino Hills... 15315 Fairfield Ranch Road, Ste. 100
(PO Box 60006, City of Industry, CA 91716-0006)
- Fresno 2550 Mariposa Mall, Rm. 1080A
(PO Box 32, Fresno, CA 93707-0032)
- Long Beach ... 4300 Long Beach Blvd., Ste. 600
(PO Box 469, Long Beach, CA 90801-0469)
- Los Angeles 888 S. Figueroa Street, Ste. 200
(PO Box 513096, Los Angeles, CA 90051-1096)
- Oakland 7677 Oakport Street, Ste. 325
(PO Box 1857, Oakland, CA 94606-1857)
- Sacramento 5009 Broadway
(PO Box 13140, Sacramento, CA 95813-3140)
- San Bernardino 371 West 3rd Street
(PO Box 781, San Bernardino, CA 92402-0781)
- San Diego ... 9246 Lightwave Avenue, Bldg. A, Ste. 300
(PO Box 120831, San Diego, CA 92112-0831)
- San Francisco 745 Franklin Street, Rm. 300
(PO Box 193534, San Francisco, CA 94119-3534)
- San Jose..... 297 West Hedding Street
(PO Box 637, San Jose, CA 95106-0637)
- Santa Ana ... 605 West Santa Ana Blvd., Bldg. 28, Rm. 735
(PO Box 1466, Santa Ana, CA 92702-1466)
- Santa Barbara 128 East Ortega Street
(PO Box 1529, Santa Barbara, CA 93102-1529)
- Santa Rosa 606 Healdsburg Avenue
(PO Box 700, Santa Rosa, CA 95402-0700)
- Stockton 3127 Transworld Dr., Ste. 150
(PO Box 201006, Stockton, CA 95201-9006)
- California State Government Employees
(PO Box 2168, Stockton, CA 95201-2168)
- Van Nuys 15400 Sherman Way, Rm. 500
(PO Box 10402, Van Nuys, CA 91410-0402)



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

*This pamphlet is for general information only,
and does not have the force and effect of the law,
rule or regulation.*

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling DI at 1-866-490-8879 (voice), or through the California Relay Services at 711.

DISABILITY INSURANCE PROVISIONS

Disability is an illness or injury, either physical or mental, which prevents customary work. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions.

Disability Insurance (DI) is a component of the State Disability Insurance (SDI) program, designed to partially replace wages lost due to a non-work-related disability (see “Other Programs,” for job-related disabilities).

SDI contributions are paid by California workers covered by the SDI program. Contribution rates may vary from year to year. For current rates, visit the DI website at **www.edd.ca.gov/disability**, or contact the Employment Development Department (EDD) Disability Insurance customer service at 1-800-480-3287 or EDD employment tax customer service at 1-888-745-3886.

DI Plans

- State Plan. The DI state plan is covered in this brochure.
- Voluntary Plan (VP). A private plan, approved by the Director of the EDD, which may be substituted for the State Plan. Voluntary Plans may be established if the employer and majority of employees agree to do so. VP information and filing a claim may be done through your employer. If you are covered by a VP, the provisions of this brochure may not apply to you. Obtain information about your coverage and file a VP claim through your employer.
- Elective Coverage (EC). Employers and self-employed persons, including general partners, may elect coverage. The method of computing benefits for EC participants is not the same as for mandatory rate payers. The cost of participating, which is set annually, can be obtained from your local EDD Employment Tax Customer Service Office.

EC claims are filed in the same manner as State Plan claims; however, there are some differences in eligibility requirements from those listed in this pamphlet.

- For additional information or to apply for coverage, contact EDD DI customer service at 1-800-480-3287, EDD employment tax customer service at 1-888-745-3886, or visit our website at **www.edd.ca.gov/disability**.

How to Claim State Plan Benefits

1. Use **SDI Online** to securely file for benefits or request a paper claim form online.
 - By Internet: **www.edd.ca.gov/disability**.
 - By phone: **1-800-480-3287**.
 - By mail: EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95798-9777.
 - In person by visiting any of the DI offices listed under “DI Office Locations.”
 - California state government employees covered by SDI should call **1-866-352-7675**.
2. When filing using SDI Online, complete all required fields. A receipt number will be generated when your claim is submitted.

If using a paper *Claim for Disability Insurance (DI) Benefits* (DE 2501) form, complete and sign Part A-Claimant’s Statement. Print clearly, and verify your answers are complete and correct as errors delay payment.
3. Have your physician/practitioner complete the Part B - Physician/Practitioner’s Certificate online or use the paper claim form. If filing online, your physician/practitioner will need your receipt number to complete the Part B - Physician/Practitioner’s Certificate.

Usually a claim cannot begin more than seven days before you were examined by or under the care of a physician/practitioner. Certification may be made by a licensed medical or osteopathic physician and surgeon, nurse practitioner, physician assistant, chiropractor, dentist, podiatrist, optometrist, designated psychologist, or an authorized medical officer of a United States government facility. Certification may also be made by a licensed nurse-midwife or licensed midwife for disabilities related to normal pregnancy or childbirth.
4. File online or submit your paper claim form within 49 days from the date your disability begins. If your claim is late, you may lose benefits unless your explanation of the delay is accepted as reasonable.

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How Benefits Are Paid

- SDI benefits are paid electronically or by mail. You do not need to appear in person to apply or receive benefits.
- Benefits are paid via the EDD Debit CardSM. The EDD Debit CardSM works like other debit cards, giving you access to funds 24 hours a day, 7 days a week, and can be used everywhere Visa[®] debit cards are accepted. When your claim is received, you may be contacted through SDI Online, by phone, or by mail for additional information. Most properly completed claims are processed within 14 days.
- The first seven days of your DI claim are a non-payable waiting period. If a claim is filed for the same or related cause or condition within 60 days of the initial claim, it will be processed as a continuation of the initial claim for which a waiting period was already served. There will not be a new waiting period in such cases.

Benefits are paid as quickly as possible after all information to determine eligibility is received. If you meet all eligibility requirements, benefits will be authorized. If you are eligible for further benefits, you will be authorized for additional benefits electronically or sent a *Claim For Continued Disability Benefits* (DE 2500A) certification form for you to complete for the next benefit period. Usually these benefit periods are for two-week intervals. However, DI pays benefits based on daily eligibility within a seven-day calendar week. Partial weeks are paid at a daily rate. This rate is one-seventh of your weekly benefit amount. Please allow 10 days from the date you mail or electronically submit a certification for receipt of payment.

How Your Benefit Rate is Determined

Benefit amounts are based on wages paid during a specific 12-month **base period**, determined by the date your claim begins. Consider when to start your claim since this may affect your weekly benefit rate, your maximum benefit amount, and the period of your benefit eligibility. Only **base period** wages subject to the SDI contributions can be used in computing your benefits. To qualify, you must have earned at least \$300 during your base period. The month your claim begins determines which four consecutive quarters are used.

If your claim begins in:

- **January, February, or March, your base period is the 12 months ending last September 30.** (Example: A claim beginning February 14, 2017, uses a base period of October 1, 2015, through September 30, 2016.)
- **April, May, or June, your base period is the 12 months ending last December 31.** (Example: A claim beginning June 20, 2017, uses a base period of January 1, 2016, through December 31, 2016.)
- **July, August, or September, your base period is the 12 months ending last March 31.** (Example: A claim beginning September 27, 2017, uses a base period of April 1, 2016, through March 31, 2017.)
- **October, November, or December, your base period is the 12 months ending last June 30.** (Example: A claim beginning November 2, 2017, uses a base period of July 1, 2016, through June 30, 2017.)

Exceptions: If your claim is determined to be invalid, but you were unemployed and seeking work for 60 days or more in any quarter of your base period, you may be able to substitute wages paid in prior quarters.

You may be entitled to substitute wages paid in prior quarters to either validate your claim or increase your benefit amount, if during your base period you:

- Were in the military service.
- Received workers’ compensation benefits.
- Did not work because of a labor dispute.

If your situation fits any of the above, include a letter and supporting documentation with your claim form.

Wage Continuation. If your employer continues to pay you wages during your DI claim, your DI benefits may be affected. DI benefits plus wages cannot exceed your regular weekly wage. DI benefits are not affected by vacation pay you may receive.

Maximum Benefits. The maximum benefit amount is 52 times the weekly rate, but not more than your total base period wages. Exception: For employers and self-employed individuals who elect SDI coverage, the maximum benefit amount is 39 times the weekly rate.

Additionally, benefits are payable only for a limited period to a resident in an alcoholic recovery home or drug-free residential facility that is both licensed and certified by the state in which the facility is located. However, disabilities related to or caused by acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

Pregnancy. As with any medical condition, your disability period begins the first day you are unable to do your regular or customary work. DI benefits are based on the period of time your physician/practitioner certifies you are unable to do your regular or customary work. Do not send in your claim for pregnancy-related DI benefits until the date your physician/practitioner certifies you are unable to work.

NOTE: For information on Paid Family Leave (PFL) bonding benefits, see the “Other Programs” section of this brochure.

You May Not be Eligible for Benefits

- If you are receiving Unemployment Insurance or PFL benefits.
- If you are not working or looking for work at the time your disability begins.
- If you are in custody due to conviction of a crime.
- If your full wages are paid.
- If you are receiving workers’ compensation at a weekly rate equal to or greater than the DI rate. If workers’ compensation benefits are paid at a lower rate than your DI rate, you may be paid the difference.
- For the amount of time a claim is late (without good cause).
- If you make a false statement or fail to report a material fact. (A 30 percent penalty may be assessed if benefits are overpaid because you willfully withheld a material fact or made a false statement.)
- If you fail to attend an independent medical examination when requested. (Fees for such examinations are paid by the EDD.)

The California Unemployment Insurance Code provides for penalties consisting of fines, imprisonment, and loss of benefit rights for fraud against the SDI program.

Your Rights. You are entitled to:

- Know the reason and basis for any decision that affects your benefits.
- Appeal any decision about your eligibility for benefits. (Appeals must be sent to the DI office in writing.)
- Request an appeal hearing before an Administrative Law Judge (ALJ). You may further appeal the ALJ’s decision to the California Unemployment Insurance Appeals Board and the courts.
- Privacy – all claim information will be kept confidential except for the purposes allowed by law.

Your Obligations. Your responsibilities:

- Complete your claim and other forms correctly, completely, and truthfully.
- Submit your claim and other forms according to time limits on forms. If your claim is submitted late and you believe you have a good reason for being late, you should include a written explanation of the reason(s) with the form.
- Contact DI if you do not understand a question or how to answer it.
- Include your name and claim identification number on letters to DI.

Contact DI

- By **email** at <https://askedd.edd.ca.gov>.
- By phone at:
 - English 1-800-480-3287
 - Spanish 1-866-658-8846
- By **U.S. mail** addressed to PO Box 13140, Sacramento, CA 95813-3140. If you do not have a current claim, you may write to any DI office. Note: Do not mail claim forms to this PO Box.
- By **TTY** (teletypewriter for deaf, hearing-impaired, and speech-impaired persons only) at 1-800-563-2441.
- **In person** by visiting any of the DI offices listed under “DI Office Locations.”

Other Programs

If you are injured on the job or become ill as a result of your occupation, notify your employer.

If you are able and available to work but unemployed, contact the Unemployment Insurance program of the EDD through the website at www.edd.ca.gov/unemployment, or by phone at 1-800-300-5616 (TTY 1-800-815-9387).

If you need help in finding work, job training, retraining, or other services in order to return to work, visit your local America’s Job Center of CaliforniaSM formerly known as One-Stop Career Centers listed at www.servicelocator.org, or in the white pages of your phone directory.

If your disability is permanent or is expected to continue for a year or more, contact the U.S. Social Security Administration at www.ssa.gov, or by phone at 1-800-772-1213 (TTY 1-800-325-0778).

If you take time off work to care for a family member or if you take time off from work to bond with a new child, including newly adopted, newly placed foster children, or those of your registered domestic partner, contact the EDD PFL program at www.edd.ca.gov/disability, or by phone at 1-877-238-4373, or through the California Relay Service at 711.

Note: A PFL bonding claim form will be sent automatically with the final benefit payment to new mothers receiving DI benefits.

If you are a victim of a crime, contact the California Victim Compensation program at 1-800-777-9229 (TTY 1-800-735-2929). You may also contact your county Victim/Witness Assistance Center.

Questions about spousal or parental support obligations should be directed to the district attorney’s office for the county that issued the court order.

Questions about child support obligations should be directed to the Department of Child Support Services at 1-866-901-3212 (TTY 1-866-399-4096).



Commuter Benefits for Temporary Professionals

Robert Half temporary professionals who work in the following areas are eligible to participate in the Robert Half Commuter Benefits Program as required by local law:

- San Francisco Bay Area, per the Bay Area Commuter Benefits Program
- Five boroughs of New York City, per the NYC Commuter Benefits Law
- Washington D.C., per the District of Columbia Transit Ordinance

You will be able to elect a pre-tax payroll deduction up to \$260 per month for eligible transit expenses and up to \$260 per month for eligible parking expenses. Visit workterra.lh1ondemand.com to enroll, make changes or cancel your elections.

You will need to log in to make your elections. Your login is as follows:

Username: First letter of first name, full last name, last four digits of your SSN (no spaces or commas in between). Example: jsmith6789

Password: Employee ID number

You can change your username and password after you first log in. See the FAQs for more details.



Commuter Benefits FAQs

Frequently Asked Questions for Temporary Professionals

1. Who is eligible to participate?

Robert Half temporary professionals who work in the following areas are eligible to participate in the Robert Half Commuter Benefit Program as required by local law:

- San Francisco Bay Area, per the Bay Area Commuter Benefits Program
- Five boroughs of New York City, per the NYC Commuter Benefits Law
- Washington D.C., per the District of Columbia Transit Ordinance

2. Why should I use this benefit?

By enrolling, you can deduct pre-tax funds from your paycheck up to the IRS limit of \$260 per month for transit and up to \$260 per month for parking expenses.

3. How does this program work?

Deductions withheld from your check are deposited weekly into an account with Workterra, our program administrator. You will access these funds by using a special debit card or by submitting original receipts to Workterra for reimbursement.

4. What are the dollar limits on tax-free transit and parking benefits?

For 2018, the federal law limits are \$260 per month for transit and \$260 per month for qualified parking. (Qualified Parking is defined in FAQ 6.)

5. What commuting expenses are eligible?

Transit costs you incur when traveling between your residence and your workplace are eligible. Eligible transit expenses include bus, rail or ferry, operated by either public or private companies, as well as vanpooling costs. For more information, visit <https://www.irs.gov/publications/p15b/ar02.html>.

6. What is qualified parking?

Qualified parking is parking at or near work, or parking at or near the public transportation you use to get to work. For more information, visit <https://www.irs.gov/publications/p15b/ar02.html>.

7. What expenses are not eligible?

Commuting expenses that you cannot claim under the program include, but are not limited to, traffic tickets, mileage, taxis, taxi services (such as Uber, Lyft, Sidecar, etc.) and business travel expenses paid by Robert Half. For more information, visit <https://www.irs.gov/publications/p15b/ar02.html>.

8. How do I participate or enroll?

Workterra administers the Robert Half commuter benefits program. To participate in the program, log on to workterra.lh1ondemand.com.

Your log in information is as follows:

Username: First letter of first name, full last name, last four digits of SSN (no spaces or commas in between). Example: jsmith6789

Password: Employee ID number

Once you enroll, you will receive access to a secure, easy-to-use web portal where you can track your account balance and submit requests for reimbursements. You may be able to download the Workterra app to your smartphone to manage your account and submit your requests.

Workterra will send you a “Benny Stored Value Benefits” debit card through the mail. This card can be used instead of cash to pay for qualified expenses. When you use the card, payments are automatically withdrawn from your account; you won’t have to submit receipts for reimbursement. Just swipe the card and go. It’s that easy! If you have questions, contact Workterra at 888.327.2770.

9. How do I use this benefit?

You can use your “Benny” debit card at authorized transit dealers. Some merchants, like the Washington Metropolitan Area Transit Authority (WMATA), do not accept the Benny card. You can still buy your tickets using cash or your personal credit/debit cards, and submit the receipt along with a reimbursement request to Workterra by logging on to your account via the web portal or the Workterra app.

10. What happens if I lose or misplace my debit card?

Contact Workterra online at workterra.lh1ondemand.com or call 888.327.2770 to request a replacement. A \$5 fee will be deducted from your account to replace a lost or stolen card.

11. Is there a deadline to enroll?

You must enroll by the 25th of the month to participate in the program the following calendar month. Tax rules require that you elect your benefit amount before the period of coverage begins. For example, you have from August 26 to September 25 to make your elections for October. Once you enroll, your elections will carry over from month to month unless you change or cancel your election.

Note: You also have until the 25th of the month prior to the benefit month to cancel or change your online order.

12. If I enroll, when will deductions begin?

After your election is submitted and received by the monthly deadline, payroll deductions will begin with the first paycheck of the enrolled benefit month. For example, if you enroll by July 25 for August, your deductions will begin with any paycheck dated on or after August 1.

13. How soon can I start using the funds after the paycheck deduction?

Every Friday, deductions for the previous seven days are sent to the administrator (Workterra) for posting to your account. Generally, the funds will be available in your account by the following Tuesday. Banking holidays could delay the funds posting. For example:

Check Date: April 3, 2018

Deductions sent to Workterra: April 6, 2018

Funds available: April 10, 2018

14. Whom do I contact if I want to change or stop the benefit?

To make changes to your commuter online orders, or to stop or cancel participation, you can log on to your Workterra account at workterra.lh1ondemand.com or call 888.327.2770. Changes made before the 25th will be effective the next benefit month.

15. What happens to my account balance if I still work for Robert Half but choose to end my participation in the Commuter Plan?

Funds deposited in your commuter benefits account will remain in the account until they are used; they cannot be refunded or used for other purposes. Excess balances will be carried over to the subsequent month and can only be accessed by you for commuter benefits. You can continue to use your debit card until you use up all your funds while you work for Robert Half.

16. What happens if I stop working for Robert Half?

If you still have a balance in your account, you can submit reimbursement requests online, via the app or by calling Workterra at 888.327.2770. You are only allowed to use these funds while working for Robert Half. You have until April 30 of the following year to submit expenses incurred during the time in which you were working for Robert Half. Any unused funds remaining in your account after April 30 will be forfeited.

For example, if you participated beginning January and stopped working for Robert Half in June, you have until April 30 of the following year to submit reimbursement requests for expenses incurred from January to June. Make sure you include a receipt when submitting a reimbursement request.